

# UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: January 2025

Revised		
Policy Title	Effective Date	Summary of Changes
CCI Editing Policy, Professional and Outpatient Hospital CCI Editing Policy, Facility - Reminder	February 1, 2025	<ul style="list-style-type: none"> <li>Effective for dates of service on or after Feb 1, 2025, UnitedHealthcare will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing Policy, Professional and Outpatient Hospital CCI Editing Policy, Facility to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder.</li> <li>In accordance with the CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit, code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59.</li> <li>PTP edit code pairs will be considered for separate reimbursement performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier.</li> <li>There are three exceptions (which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder.               <ul style="list-style-type: none"> <li>29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure))</li> <li>29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair)</li> <li>29828 (Arthroscopy, shoulder, surgical; biceps tenodesis)</li> </ul> </li> </ul>
Replacement Codes Policy, Professional	April 1, 2025	<ul style="list-style-type: none"> <li>Effective with dates of service on or after April 1, 2025, HCPCS code S9470 will be included within the UnitedHealthcare Commercial and Individual Exchange Replacement Codes Policy, Professional.</li> <li>In accordance with CMS code S9470 has a status indicator of "I" and will not be considered for reimbursement. There are replacement codes that may be submitted as appropriate.               <ul style="list-style-type: none"> <li>The Current Procedural Terminology (CPT) code <b>97802</b> is used for an initial assessment and intervention in medical nutrition therapy (MNT) with a patient, face-to-face, for each 15 minutes</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ The Current Procedural Terminology (CPT) code <b>97803</b> is used for a medical nutrition therapy (MNT) re-assessment and intervention with an individual patient, face-to-face, for each 15 minutes</li> </ul>
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Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	<p>In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> <li>• Information regarding these code updates can be found in the history section which is located at the end of the posted policy.</li> <li>• Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability.</li> <li>• Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.</li> <li>• UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.</li> </ul>
New		
Policy Title	Effective Date	Summary of Changes
Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility – Reminder	February 1, 2025	<ul style="list-style-type: none"> <li>• Effective for dates of service on or after February 1, 2025, UnitedHealthcare will implement the new Radiation Therapy - Dosimetry, Simulation/Devices and Management Policy, Professional and Facility.</li> <li>• Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement.</li> </ul>

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**Note:** The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Commercial Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Coverage and payments > Policies and protocols > For Commercial Plans > Reimbursement Policies for UnitedHealthcare Commercial Plans.